

AMENDING THE PUBLIC HEALTH SERVICE ACT

Mr. REID. Mr. President, I ask unanimous consent that the HELP Commerce Committee be discharged from further consideration of S. 2549, and the Senate proceed to its consideration.

The PRESIDING OFFICER. Without objection, it is so ordered.

The clerk will state the bill by title.

The legislative clerk read as follows:

A bill (S. 2549) to ensure that child employees of traveling sales crews are protected under the Fair Labor Standards Act of 1938.

There being no objection, the Senate proceeded to consider the bill.

Mr. REID. Mr. President, I ask unanimous consent that the bill be read the third time and passed, the motion to reconsider be laid upon the table, and that any statements relating to the bill be printed in the RECORD at the appropriate place as if given, without intervening action or debate.

The PRESIDING OFFICER. Without objection, it is so ordered.

The bill (S. 2549) was read the third time and passed, as follows:

S. 2549

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SEC. 101. LIMITATION ON CHILD LABOR.

(a) IN GENERAL.—Section 12 of the Fair Labor Standards Act of 1938 (29 U.S.C. 212) is amended by adding at the end the following:

“(e) No individual under 18 years of age may be employed in a position requiring the individual to engage in door to door sales or in related support work in a manner that requires the individual to remain away from his or her permanent residence for more than 24 hours.”.

(b) RULES AND REGULATIONS.—The Secretary of Labor may issue such rules and regulations as are necessary to carry out the amendment made by this section, consistent with the requirements of chapter 5 of title 5, United States Code.

AMENDING THE PUBLIC HEALTH SERVICE ACT TO REDESIGNATE A FACILITY AS THE “NATIONAL HANSEN’S DISEASE PROGRAMS CENTER”

Mr. REID. Mr. President, I ask unanimous consent that the HELP Committee be discharged from further consideration of H.R. 2441, and the Senate then proceed to its consideration.

The PRESIDING OFFICER. Without objection, it is so ordered.

The clerk will state the bill by title.

The legislative clerk read as follows:

A bill (H.R. 2441) to amend the Public Health Service Act to redesignate a facility at the National Hansen’s Disease Programs Center, and for other purposes.

There being no objection, the Senate proceeded to consider the bill.

Mr. REID. Mr. President, I ask unanimous consent that the bill be read the third time and passed, the motion to reconsider be laid upon the table, without intervening action or debate, and that any statements relating thereto be printed in the RECORD at the appropriate place.

The PRESIDING OFFICER. Without objection, it is so ordered.

The bill (H.R. 2441) was read the third time and passed.

BENIGN BRAIN TUMOR CANCER REGISTRIES AMENDMENT ACT

Mr. REID. Mr. President, I ask unanimous consent that the HELP Committee be discharged from further consideration of S. 2558, and that the Senate proceed to its immediate consideration.

The PRESIDING OFFICER. Without objection, it is so ordered. The clerk will report the bill by title.

The legislative clerk read as follows:

A bill (S. 2558) to amend the Public Health Service Act to provide for the collection of data on the benign brain-related tumors through the national program of cancer registries.

There being no objection, the Senate proceeded to consider the bill.

Mr. REID. Mr. President, I ask unanimous consent that the bill be read three times, passed, the motion to reconsider be laid upon the table, all with no intervening action or debate, and that any statements relating to the bill be printed in the RECORD.

The PRESIDING OFFICER. Without objection, it is so ordered.

The bill (S. 2558) was read the third time and passed, as follows:

S. 2558

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the “Benign Brain Tumor Cancer Registries Amendment Act”.

SEC. 2. NATIONAL PROGRAM OF CANCER REGISTRIES; BENIGN BRAIN-RELATED TUMORS AS ADDITIONAL CATEGORY OF DATA COLLECTED.

(a) IN GENERAL.—Section 399B of the Public Health Service Act (42 U.S.C. 280e), as redesignated by section 502(2)(A) of Public Law 106-310 (114 Stat. 1115), is amended in subsection (a)—

(1) by redesignating paragraphs (1) through (5) as subparagraphs (A) through (E), respectively and indenting appropriately;

(2) by striking “(a) IN GENERAL.—The Secretary” and inserting the following:

“(a) IN GENERAL.—

“(1) STATEWIDE CANCER REGISTRIES.—The Secretary”;

(3) in the matter preceding subparagraph (A) (as so redesignated), by striking “population-based” and all that follows through “data” and inserting the following: “population-based, statewide registries to collect, for each condition specified in paragraph (2)(A), data”;

(4) by adding at the end the following:

“(2) CANCER; BENIGN BRAIN-RELATED TUMORS.—

“(A) IN GENERAL.—For purposes of paragraph (1), the conditions referred to in this paragraph are the following:

“(i) Each form of in-situ and invasive cancer (with the exception of basal cell and squamous cell carcinoma of the skin), including malignant brain-related tumors.

“(ii) Benign brain-related tumors.

“(B) BRAIN-RELATED TUMOR.—For purposes of subparagraph (A):

“(i) The term ‘brain-related tumor’ means a listed primary tumor (whether malignant

or benign) occurring in any of the following sites:

“(I) The brain, meninges, spinal cord, cauda equina, a cranial nerve or nerves, or any other part of the central nervous system.

“(II) The pituitary gland, pineal gland, or craniopharyngeal duct.

“(ii) The term ‘listed’, with respect to a primary tumor, means a primary tumor that is listed in the International Classification of Diseases for Oncology (commonly referred to as the ICD-O).

“(iii) The term ‘International Classification of Diseases for Oncology’ means a classification system that includes topography (site) information and histology (cell type information) developed by the World Health Organization, in collaboration with international centers, to promote international comparability in the collection, classification, processing, and presentation of cancer statistics. The ICD-O system is a supplement to the International Statistical Classification of Diseases and Related Health Problems (commonly known as the ICD) and is the standard coding system used by cancer registries worldwide. Such term includes any modification made to such system for purposes of the United States. Such term further includes any published classification system that is internationally recognized as a successor to the classification system referred to in the first sentence of this clause.

“(C) STATEWIDE CANCER REGISTRY.—References in this section to cancer registries shall be considered to be references to registries described in this subsection.”.

(b) APPLICABILITY.—The amendments made by subsection (a) apply to grants under section 399B of the Public Health Service Act for fiscal year 2002 and subsequent fiscal years, except that, in the case of a State that received such a grant for fiscal year 2000, the Secretary of Health and Human Services may delay the applicability of such amendments to the State for not more than 12 months if the Secretary determines that compliance with such amendments requires the enactment of a statute by the State or the issuance of State regulations.

GLOBAL PATHOGEN SURVEILLANCE ACT OF 2002

Mr. REID. Mr. President, I ask unanimous consent that the Senate proceed to the consideration of Calendar No. 388, S. 2487.

The PRESIDING OFFICER. The clerk will report the bill by title.

The legislative clerk read as follows:

A bill (S. 2487) to provide for global pathogen surveillance and response.

There being no objection, the Senate proceeded to consider the bill.

Mr. BIDEN. Mr. President, I am extremely pleased that the Senate today is taking up S. 2487, the “Global Pathogen Surveillance Act of 2002.” This bill authorizes \$150 million over the next two fiscal years to provide assistance to developing nations to improve global disease surveillance to help prevent and contain both biological weapons attacks and naturally occurring infectious disease outbreaks around the world.

This bill is the result of a joint effort by Senator HELMS and I to act on key lessons learned during an important hearing the Foreign Relations Committee held last September on the

threat of bioterrorism and emerging infectious diseases. I am also proud that Senators KENNEDY and FRIST, the Chairman and Ranking Member of the Public Health Subcommittee of the Senate Health, Education, Labor, and Pensions Committee, are original cosponsors of this bill.

Senator HELMS and I recognize all too well that biological weapons are a global threat with no respect for borders. A terrorist group could launch a biological weapons attack in Mexico in the expectation that the epidemic would quickly spread to the United States. A rogue state might experiment with new disease strains in another country, intending later to release them here. A biological weapons threat need not begin in the United States to reach our shores.

For that reason, our response to the biological weapons threat cannot be limited to the United States alone. Global disease surveillance, a systematic approach to tracking disease outbreaks as they occur and evolve around the world, is essential to any real international response.

This country is making enormous advances on the domestic front in bioterrorism defense. Mr. President, \$3 billion has been appropriated for this purpose in FY 2002, including \$1.1 billion to improve State and local public health infrastructure. Delaware's share will include \$6.7 million from the Centers for Disease Control and Prevention to improve the public health infrastructure and \$548,000 to improve hospital readiness in my State.

Earlier this year, the President signed into law a comprehensive bioterrorism bill drafted last fall following the anthrax attacks via the U.S. postal system. Those attacks, which killed five individuals and infected more than 20 people, highlighted our domestic vulnerabilities to a biological weapons attack. We need to further strengthen our nation's public health system, improve federal public health laboratories, and fund the necessary research and procurement for vaccines and treatments to respond better to future bioterrorist attacks. As an original cosponsor of the "Kennedy-Frist" bill in the Senate, I know the implementation of this new law will help achieve many of those objectives.

Nevertheless, any effective response to the challenge of biological weapons must also have an international component. Limiting our response to U.S. territory would be shortsighted and doomed to failure. A dangerous pathogen released on another continent can quickly spread to the United States in a matter of days, if not hours. This is the dark side of globalization. International trade, travel, and migration patterns offer unlimited opportunities for pathogens to spread across national borders and to move from one continent to another. Moreover, an overseas epidemic could give us our first warning of a new disease strain that

was developed by a country or by terrorists for use as a biological weapon, or that could be used by others for that purpose.

How does disease surveillance fit into all of this? A biological weapons attack succeeds partly through the element of surprise. A cluster of flu-like symptoms in a city or region may be dismissed by individual physicians as just the flu when in fact it may be anthrax, plague, or another biological weapon. Armed with the knowledge, however, that a biological weapons attack has in fact occurred, doctors and nurses can examine their patients in a different light and, in many cases, effectively treat infected individuals.

Disease surveillance, a comprehensive reporting system to quickly identify and communicate abnormal patterns of symptoms and illnesses, can quickly alert doctors across a region that a suspicious disease outbreak has occurred. Epidemiological specialists can then investigate and combat the outbreak. And if it is a new disease or strain, we can begin to develop treatments that much earlier.

A good surveillance system requires trained epidemiological personnel, adequate laboratory tools for quick diagnosis, and communications equipment to circulate information. Even in the United States today, many states and localities rely on old-fashioned pencil and paper methods of tracking disease patterns. Thankfully, we are addressing those domestic deficiencies through the new bioterrorism law and substantially increased appropriations.

For example, in Delaware, we are developing the first, comprehensive, state-wide electronic reporting system for infectious diseases. This system will be used as a prototype for other states, and will enable much earlier detection of infectious disease outbreaks, both natural and bioterrorist. My congressional colleagues from Delaware and I have been working for over 2 years to get this project up and running, and we were successful in obtaining \$2.6 million in funding for this project over the past 2 years. I and my colleagues have requested \$1.4 million for additional funding in FY 2003, and we are extremely optimistic that this funding will be forthcoming.

It is vitally important that we extend these initiatives into the international arena. However, as many developing countries are way behind us in terms of public health resources, laboratories, personnel, and communications, these countries will need help just to get to the starting point we have already reached in this country.

An effective disease surveillance system is beneficial even in the absence of biological weapons attacks. Bubonic plague is bubonic plague, whether it is deliberately engineered or naturally occurring. Just as disease surveillance can help contain a biological weapons attack, it can also help contain a naturally occurring outbreak of infectious disease. According to the World Health

Organization, 30 new infectious diseases have emerged over the past 30 years; between 1996 and 2001 alone, more than 800 infectious disease outbreaks occurred around the world, on every continent. With better surveillance, we can do a better job of mitigating the consequences of these disease outbreaks.

According to a report by the National Intelligence Council, developing nations in Africa and Asia have established only rudimentary systems, if any at all, for disease surveillance, response, and prevention. The World Health Organization reports that more than sixty percent of laboratory equipment in developing countries is either outdated or nonfunctioning.

This lack of preparedness can lead to tragic results. In August 1994 in Surat, a city in western India, a surge of complaints on flea infestation and a growing rat population was followed by a cluster of reports on patients exhibiting the symptoms of pneumonic plague. However, authorities were unable to connect the dots until the plague had spread to seven states across India, ultimately killing 56 people and costing the Indian economy \$600 million. Had the Indian authorities employed better surveillance tools, they may well have contained the epidemic, limited the loss of life, and surely avoided the panic that led to economically disastrous embargoes on trade and travel. An outbreak of pneumonic plague in India this February was detected more quickly and contained with only a few deaths—and no costly panic.

Developing nations are the weak links in any comprehensive global disease surveillance network. Unless we take action to shore up their capabilities to detect and contain disease outbreaks, we leave the entire world vulnerable to a deliberate biological weapons attack or a virulent natural epidemic.

It is for these reasons that Senator HELMS and I have worked together to craft the Global Pathogen Surveillance Act of 2002. This bill authorizes \$150 million in FY 2003 and FY 2004 to strengthen the disease surveillance capabilities of developing nations. First, the bill seeks to ensure in developing nations a greater number of personnel trained in basic epidemiological techniques. It offers enhanced in-country training for medical and laboratory personnel and the opportunity for select personnel to come to the United States to receive training in our Centers for Disease Control laboratories and Master of Public Health programs in American universities.

Second, the bill provides assistance to developing nations to acquire basic laboratory equipment, including items as mundane as microscopes, to facilitate the quick diagnosis of pathogens.

Third, the bill enables developing nations to obtain communications equipment and information technology to

quickly transmit data on disease patterns and pathogen diagnoses, both inside a nation and to regional organizations and the WHO. Again, we are not talking about fancy high-tech equipment, but basics like fax machines and Internet-equipped computers.

Finally, the bill gives preference to countries that agree to let experts from the United States or international organizations promptly investigate any suspicious disease outbreaks.

If this bill becomes law, the Global Pathogen Surveillance Act of 2002 will go a long way in ensuring that developing nations acquire the basic disease surveillance capabilities to link up effectively with the WHO's global network. This bill offers an inexpensive and common sense solution to a problem of global proportions—the dual threat of biological weapons and naturally occurring infectious diseases. The funding authorized is only a tiny fraction of what we will spend domestically on bioterrorism defenses, but this investment will pay enormous dividends in terms of our national security.

In addition Senator HELMS and I have introduced a managers' amendment, which I expect will be adopted. This amendment, drafted in response to specific suggestions by executive branch departments and agencies as well as nongovernmental organizations, addresses two important objectives.

First, it ensures that priority in the provision of assistance to developing countries under the authority of this bill will be given those nations which agree to provide early notification of disease outbreaks. In the past, too many nations have sought to limit the release of information on disease outbreaks out of fear for the likely impact on their trade and tourism. In today's world, where an epidemic could be the first signs of a biological weapons attack, that type of reticence by national governments is simply unacceptable.

The amendment also stipulates that priority in assistance under this bill be assigned to those countries which agree to share with the United States data collected through its pathogen surveillance networks. Our epidemiological experts at the Centers for Disease Control and other U.S. departments and agencies are among the best in the world in analyzing such data. We should strive to create an international framework where multilateral organizations, national governments, and even private groups can examine aggregate data on disease characteristics and symptom reports to help detect emerging patterns and provide early warning on alarming developments. In short, the more information shared under pathogen surveillance, the better protected the world is against surprise bioterrorist attacks and rapid natural epidemics.

Second, the managers' amendment makes the necessary changes to take into account the need for the quick transmission of data collected through

pathogen surveillance networks to appropriately respond to local conditions. In the United States and other advanced industrial nations, disease surveillance may well operate most efficiently through Internet-based communications. In some developing countries, however, the cost of introducing new Internet links and computer equipment may be prohibitive. In those cases, leveraging existing telephone-based networks may prove a more cost-effective method in quickly relaying information such as patient reports. Under certain conditions, mobile phones may even prove a reliable tool. The managers' amendment will provide for such flexibility.

In conclusion, the fundamental premise of the Global Pathogen Surveillance Act of 2002 is that we cannot leave the rest of the world to fend for itself in combating biological weapons and infectious diseases if we are to ensure America's security. Indeed, this bill can serve as a key contribution to strengthening our homeland security. I urge the Senate to pass S. 2487 and the related managers' amendment today.

• Mr. HELMS. Mr. President, the anthrax attacks against the Senate and the news media this past fall demanded that we recognize how vulnerable America is to bioterrorism. The murderous and cowardly perpetrators of this terrorism must be brought to justice, but we must also prepare ourselves for other attacks in the future.

I am proud to have worked with Senator BIDEN in co-authoring the Global Pathogen Surveillance Act of 2002, S. 2487, and I am pleased that a bipartisan effort has led to its consideration today.

This bill recognizes that bioterrorism is a transnational threat and that the defense of the U.S. homeland is not an isolated activity. Rather, our homeland defense requires a comprehensive international strategy. A recent National Intelligence Estimate concluded that the prospect of a bioterrorist attack against U.S. civilian and military personnel will continue to grow as states and terrorist groups continue to acquire biological warfare capabilities. This same report warns that emerging and reemerging infectious diseases that originate overseas threaten Americans not only here in the United States, but also our military personnel stationed overseas participating in humanitarian and peacekeeping operations.

On September 5, 2001, the Senate Foreign Relations Committee held a hearing on "The Threat of Bioterrorism and the Spread of Infectious Diseases." The compelling testimony of several expert witnesses, along with the assessments of the intelligence community, prompted Senator BIDEN and I to undertake this important legislation with the goal of combating bioterrorism, and ultimately enhancing U.S. national security. In order to enhance U.S. efforts to combat bioterrorism, it is critical that we address the glaring gap that exists in the capabilities of

developing countries to conduct pathogen surveillance and monitoring.

This legislation authorizes the President a total of \$150 million dollars over the next 2 years to fund pathogen surveillance and response activities through the Department of State, in consultation with the Department of Health and Human Services and the Department of Defense. Several provisions are designed to address shortfalls in public health education and training, including short-term public health training courses in epidemiology for public health professionals from eligible developing countries. The President is authorized to provide assistance for the purchase and maintenance of public health laboratory and communications equipment. In addition, the heads of appropriate Federal agencies are authorized to make available a greater number of U.S. government public health personnel U.S. missions abroad, international health organizations, and regional health networks.

All of the provisions of S. 2487 are directed towards enabling developing countries to acquire basic disease surveillance and monitoring capabilities to effectively contribute to community, local, regional, and global surveillance networks.

In order to ensure that the United States has all of the requisite tools at its disposal to protect U.S. civilians and military personnel against intentional or naturally occurring disease outbreaks, priority for assistance under S. 2487 will be for countries that provide early notification of disease outbreaks and pathogen surveillance data to appropriate U.S. departments and agencies. There is a critical need for transparency and information sharing of pathogen surveillance data so that the United States can utilize a comprehensive toolkit to combat bioterrorism. It is my expectation that developing countries receiving assistance under this Act will make a steadfast commitment to improving their pathogen surveillance and monitoring efforts.

I am particularly proud of the provisions of S. 2487 that address the glaring need for syndrome surveillance—the recording of symptoms (patient complaints) and signs (derived from physical examination) combined with simple geographic locators—to track the emergence of a disease in a population. Provisions on syndrome surveillance address the need to narrow the existing technology gap in syndrome surveillance capabilities and real-time information dissemination to public health officials. Current disease reporting is paper-based and ineffective in transmitting important information to public health officials in developing countries where one doctor often cares for hundreds of patients. Thus, S. 2487 authorizes the President to provide assistance to eligible developing countries to purchase simple computer technology, including touch-screens and low-speed Internet connections for use by physicians in health clinics.

Let me close with the astute words of Dr. Alan P. Zelicoff, Senior Scientist, Sandia National Laboratory, as stated during his testimony before the Foreign Relations Committee in a March 2002, on the threat posed by chemical and biological weapons. Dr. Zelicoff has spent a considerable amount of his distinguished career developing technology and solutions to assist the medical and public health communities identify natural and deliberate disease outbreaks. According to Dr. Zelicoff,

When all is said and done, should would-be perpetrators of bioterror know that the effects of their attack would be blunted if not eliminated, they might well re-think their strategy in the first place. A multi-national cadre of clinicians and nurses, exchanging up-to-the-minute information is our single best defense, and we have the resource—now—to so equip them. All that is required is a policy shift emphasizing and strengthening this lynchpin capability.

While we are supportive of the public health benefits of this Act, we should not lose sight of the intent of this legislation—to combat bioterrorism and enhance U.S. national security. I look forward to working with the Bush administration and members of Congress to secure funding for these invaluable activities directed towards global pathogen surveillance and monitoring.●

Mr. REID. Mr. President, I ask unanimous consent that the Biden amendment at the desk be agreed to; that the bill, as amended, be read a third time and passed; that the motion to reconsider be laid upon the table; and that any statement relating to the bill be printed in the RECORD.

The PRESIDING OFFICER. Without objection, it is so ordered.

The amendment (No. 4468) was agreed to, as follows:

AMENDMENT NO. 4468

On page 3, line 1, insert “, including data sharing with appropriate United States departments and agencies,” after “countries”.

On page 5, strike lines 9 through 14, and insert the following:

(1) To enhance the capability and cooperation of the international community, including the World Health Organization and individual countries, through enhanced pathogen surveillance and appropriate data sharing, to detect, identify, and contain infectious disease outbreaks, whether the cause of those outbreaks is intentional human action or natural in origin.

On page 5, line 17, insert “, and other electronic” after “Internet-based”.

On page 6, line 5, strike “including” and all that follows through “mechanisms,” on line 7, and insert the following: “including, as appropriate, relevant computer equipment, Internet connectivity mechanisms, and telephone-based applications.”

On page 9, line 15, insert before the period the following: “, provide early notification of disease outbreaks, and provide pathogen surveillance data to appropriate United States departments and agencies”.

On page 17, line 12, insert “(and information technology)” after “Equipment”.

The bill (S. 2487), as amended, was read the third time and passed.

(The bill will be printed in a future edition of the RECORD.)

ENCOURAGING THE PEACE PROCESS IN SRI LANKA

Mr. REID. Mr. President, I ask unanimous consent that the Senate proceed to the consideration of Calendar No. 516, S. Res. 300.

The PRESIDING OFFICER. The clerk will report the resolution by title.

The legislative clerk read as follows:
A resolution (S. Res. 300) encouraging the peace process in Sri Lanka.

There being no objection, the Senate proceeded to consider the resolution, which had been reported by the Committee on Foreign Relations with an amendment and amendments to the preamble, as follows:

[Omit the part enclosed by boldface brackets and insert the part printed in italic.]

Whereas the United States has enjoyed a long and cordial friendship with Sri Lanka;

[Whereas the people of Sri Lanka have long valued political pluralism, religious freedom, democracy, and a respect for human rights;

[Whereas the Government of Sri Lanka and the Liberation Tigers of Tamil Eelam have waged a protracted and costly war for the past 19 years;

Whereas for the past 19 years, the Government of Sri Lanka has fought a protracted and costly war against the Liberation Tigers of Tamil Eelam, a group labeled as a foreign terrorist organization by the Department of State;

Whereas an estimated 65,000 people have died in Sri Lanka as a result of these hostilities;

Whereas the war has created an estimated 1,000,000 displaced persons over the course of the conflict;

Whereas 19 years of war have crippled the economy of the north and east of Sri Lanka and resulted in low growth rates and economic instability in the south of Sri Lanka;

Whereas the economic impact of the conflict is felt most severely by the poor in both the north and the south of Sri Lanka;

Whereas efforts to solve the conflict through military means have failed and neither side appears able to impose its will on the other by force of arms;

Whereas the Government of Norway has offered and been accepted by the parties of the conflict to play the role of international facilitator;

Whereas an agreement on a cease-fire between the Government of Sri Lanka and the Liberation Tigers of Tamil Eelam was signed by both parties and went into effect February 23, 2002; and

Whereas both the Government of Sri Lanka and the Liberation Tigers of Tamil Eelam [have agreed] *are now in the process of agreeing* to meet for peace talks in Thailand: Now, therefore, be it

Resolved, That the Senate—

(1) notes with great satisfaction the warm and friendly relations that have existed between the people of the United States and Sri Lanka;

(2) recognizes that the costly military stalemate that has existed between the Government of Sri Lanka and the Liberation Tigers of Tamil Eelam [can only] *should* be resolved at the negotiating table;

(3) believes that a political solution, including appropriate constitutional structures and adequate protection of minority rights and cessation of violence, is the path to a comprehensive and lasting peace in Sri Lanka;

(4) calls on all parties to negotiate in good faith with a view to finding a just and last-

ing political settlement to Sri Lanka's ethnic conflict while respecting the territorial integrity of Sri Lanka;

(5) denounces all political violence and acts of terrorism in Sri Lanka, and calls upon those who espouse or use such methods to reject these methods and to embrace dialogue, democratic norms, and the peaceful resolution of disputes;

(6) applauds the important role played by Norway in facilitating the peace process between the Government of Sri Lanka and the Liberation Tigers of Tamil Eelam;

(7) applauds the cooperation of the Government of Sri Lanka and the Liberation Tigers of Tamil Eelam in lifting the cumbersome travel restrictions that for the last 19 years have hampered the movement of goods, services, and people in the war-affected areas;

(8) applauds the agreement of the Government of Sri Lanka and the Liberation Tigers of Tamil Eelam in implementing the Sri Lanka Monitoring Mission;

(9) calls on all parties to recognize that adherence to internationally recognized human rights facilitates the building of trust necessary for an equitable, sustainable peace;

(10) further encourages both parties to develop a comprehensive and effective process for human rights monitoring;

(11) states its willingness in principle to see the United States lend its good offices to play a constructive role in supporting the peace process, if so desired by all parties to the conflict;

(12) calls on members of the international community to use their good offices to support the peace process and, as appropriate, lend assistance to the reconstruction of war-damaged areas of Sri Lanka and to reconciliation among all parties to the conflict; and

(13) calls on members of the international community to ensure that any assistance to Sri Lanka will be framed in the context of supporting the ongoing peace process and will avoid exacerbating existing ethnic tensions.

Mr. REID. Mr. President, I ask unanimous consent that the committee amendment to the resolution be agreed to; that the resolution, as amended, be agreed to; that the amendments to the preamble be agreed to; that the preamble, as amended, be agreed to; that the motions to reconsider be laid upon the table, en bloc, with no further intervening action or debate; and that any statement relating to the resolution be printed in the RECORD.

The PRESIDING OFFICER. Without objection, it is so ordered.

The committee amendment was agreed to.

The resolution (S. Res. 300), as amended, was agreed to.

The amendments to the preamble were agreed to.

The preamble, as amended, was agreed to.

(The resolution, as amended, with its preamble, as amended, will be printed in a future edition of the RECORD.)

DEPARTMENT OF VETERANS AFFAIRS EMERGENCY PREPAREDNESS RESEARCH, EDUCATION, AND BIO-TERRORISM PREVENTION ACT OF 2002

Mr. REID. Mr. President, I ask unanimous consent that the Veterans Affairs Committee be discharged from further consideration of H.R. 3253 and